

Williamson County Employer Paid Term Life Insurance \$30,000

Employee Name		SS#		
Address	City	State _	Zip	
Sex □Male □ Female	Date of Employment	Date of	Birth	
OLUNTARY DEPEND	ENT COVERAGE ELECTIONS	<u> </u>		
	ed for: ect basic life insurance for your dependent your child (ren) between the ages of 15 day			the amount of
Basic Dependent Life	Spouse	Child ((ren): 	
I elect to enroll my spot	use and/or child(ren) in the supplemen	•	DATE OF BIRTH	
HILD	SOCIAL SECURIT	Y	DATE OF BIRTH	
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	mental life plan for my spouse o	r child(ren)		form The
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Limitations and Exclusions

DELAYED EFFECTIVE DATE

Employee:

Insurance will be delayed for employees not in active employment until the first of the month, coincident with or next, following the date they return to work. Regularly scheduled vacation time is considered active employment.

Dependents:

Coverage for totally disabled dependents will be delayed until the first of the month, coincident with or next, following the date the individual is no longer totally disabled. This delay does not apply to newborn children while dependent insurance is in effect.

Dependents Only:

EXCLUSION FOR SUICIDE

Where the cause of death is suicide:

- No benefits will be payable for a loss occurring within 24 months after the individual's initial effective date of insurance; and
- No increased or additional insurance will be payable for a loss occurring within 24 months after the day such increased or additional insurance is effective.